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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations				
SUBJECT: BARB'S RESALE SHOP, INC				
DOCUMENT NUMBER: P10000093926				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to	o the following:			
BARBARA GORNEY	• • •			
(Name of Contact Perso	on)			
(Firm/Company)				
4146 21ST ST N				
(Address)				
ST PETERSBURG FL 33714				
(City/State and Zip Code)				
For further information concerning this matter, please cal	II:			
BARBARA GORNEY at ( 72	27 204-4317			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Fil Certificate of Status Certified C (Additional enclosed)	copy is Certified Copy			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	BARB'S RESALE SHOP INC			
SECOND:	The document number of the corporation (if known): P10000093926			
THIRD:	The date dissolution was authorized: 08/31/2011			
	Effective date of dissolution if applicable: 09/01/2011  (no more than 90 days after dissolution to	ile date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or disso	olution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)  Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  BARBARA GORNEY	11 NOV 30 AM 8: 20	SECRETARY OF STAFF	
	(Typed or printed name of person signing)			
	PRESIDENT (Title of person signing)			
	LIME OF DEISON SIVIENU I			

Filing Fee: \$35